

CITY OF CHULA VISTA –POLICE DEPARTMENT
POLICE CONTROLLED LICENSE



TYPE OF APPLICATION



SECTION I PERSONAL INFORMATION

Applicant's Full Name: _____
Last, First, Middle

Maiden Name/Aka's/Stage Name: _____

Residence Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Length of Res: _____ Res. Ph: _____ Cell Ph: _____

Bus Ph: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____

Soc Sec #: _____ Driver's License/ID # _____ State _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Race: _____ Sex: _____

BUSINESS WHERE APPLICANT EXPECTS TO BE EMPLOYED:

Business Name: _____ D.B.A.: _____

Business Address: _____ City, State, Zip: _____

LIST OF PREVIOUS RESIDENCE ADDRESSES FOR THE LAST FIVE (5) YEARS:

1. _____ YR FROM: _____ TO: _____

2. _____ YR FROM: _____ TO: _____

3. _____ YR FROM: _____ TO: _____

4. _____ YR FROM: _____ TO: _____

5. _____ YR FROM: _____ TO: _____

FOR OFFICE USE ONLY

App. Date: _____ Received by: _____

App. Complete by: _____ Date: _____ TP issued by: _____ Date _____

ARJIS Check: _____ SRFERS: _____ Live Scan Rec: _____

Approved by: _____ Date: _____ Permit #: _____ Exp Date: _____

01/13

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Have you ever applied for and/or been issued a police controlled license of any kind prior to this application? _____ If so explain on reverse side of this form.

Have you ever had a police controlled license denied or revoked? _____ If so, explain on reverse side of this form.

Have you ever been known by another name? _____ If so list all names on reverse side of this form.

SECTION II EMPLOYMENT HISTORY

Name of Employer	Business Description	Reason for Change	Year to/from
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

SECTION III REFERENCES

Provide the names, addresses (home or business), and phone numbers of five persons other than employers, relatives, or business associates who have knowledge of your character.

Name	Address	Phone number
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

List all tattoos, description and locations below:

SECTION IV CRIMINAL HISTORY *(This section is **NOT** to be completed by Sexually Oriented Business Applicants, please refer to the Sexually Oriented Business application and Conviction Supplement)*

On the reverse side of this form, list all arrests, including DUI, Misdemeanor and criminal convictions (including California and all other states), except traffic infractions. Include guilty pleas (whether to the original charge(s) or to a lesser charge in satisfaction of, or as a substitute for an original charge). Also include nolo contendere (no contest) pleas. Expunged convictions must be listed per California Penal Code Section 1203.4(a). **IF NONE INITIAL HERE:** _____.

Please list the following information regarding your criminal history on the reverse side of this form:

Date	Nature of Arrest/Conviction	Law Enforcement Agency	Sentence
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SECTION V EMPLOYER / BUSINESS INFORMATION ONLY

Business Name (Where license will be used): _____

Type of Business: _____

Business Address: _____ City, State, Zip: _____

Business Phone: _____ Email Address: _____

Business Website: _____

List all persons, other than yourself, who will have any authority over the business to be licensed and describe the nature and extent of their authority.

1. _____

2. _____

3. _____

4. _____

5. _____

List all persons, other than yourself, authorized to accept service of process and/or to whom notice is to be sent.

1. _____

2. _____

3. _____

4. _____

5. _____

List owners of the premises upon which the licensed activity is to be conducted, if such premises will be leased.

1. _____

2. _____

3. _____

4. _____

5. _____

SECTION VI INCORPORATION

If the business is a corporation, please answer the following questions:

Please list the exact name of the Corporation as it appears on the Articles of Incorporation:

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Date of Incorporation: _____ City and State of Incorporation: _____

List the names and addresses of all corporate officers, directors, stockholders owning more than 10% of the corporation's stock, and/or partners (if applicable):

Name	Title	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Have any of the corporate officers, members, stockholders, or partners listed above ever been convicted of a crime other than minor traffic infractions: Include guilty pleas (whether to the original charge(s) or to a lesser charge in satisfaction of, or as a substitute for an original charge). Also include nolo contendere (no contest) pleas. Expunged convictions must be listed per California Penal Code section 1203.4 (a).

Name	Date of Conviction	Nature of Offense	Court	Sentence
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

SIGNATURES

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statement or misrepresentation will be grounds for denial of this application or loss of licensure and I may be subject to prosecution. The Chula Vista Police Department has my permission to conduct any and all background investigation checks necessary to confirm the information provided in this application. I am aware that the investigation fee is non-refundable.

Signature of Applicant

Date

I am responsible for understanding and complying with the rules and regulations related to the Police Regulated Business or Occupation for Which I am applying. I understand the Chula Vista Municipal code pertaining to the license for which I have applied.

Signature of Applicant

Date